

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

**ALL ATTORNEYS AND REGISTERED PRACTITIONERS ASSOCIATED WITH THE
UNITED STATES PATENT AND TRADEMARK OFFICE, CUSTOMER NO. 50855.**

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Mark Farber, Esq.
UNITED STATES SURGICAL,
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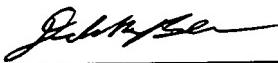
DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of **sole or first inventor** _____ Derek M. Blaha _____

Inventor's signature  Date 09/25/07
Country of Citizenship US Residence Longmont, CO USA
Post Office Address 1800 Fountain Court, Longmont, CO 80503 USA

Full name of **second joint inventor**, if any _____

Inventor's signature _____ Date _____
Country of Citizenship _____ Residence _____
Post Office Address _____

Full name of **third joint inventor**, if any _____

Inventor's signature _____ Date _____
Country of Citizenship _____ Residence _____
Post Office Address _____

Full name of **fourth joint inventor** _____

Inventor's signature _____ Date _____
Country of Citizenship _____ Residence _____
Post Office Address _____

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING
ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION**

- Signature for subsequent joint inventors.
Number of pages added ____.
- Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
Number of pages added ____.
- Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. §1.47.
Number of pages added ____.

- Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
Number of pages added 2.

- Authorization of attorney(s) to accept and follow instructions from representative.

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

- This declaration ends with this page.

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION**

*(complete this part only if this is a
divisional, continuation or CIP application)*

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)
UNDER 35 U.S.C. 120**

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claim of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:**

U.S. APPLICATIONS		Status (<i>Check One</i>)		
U.S. APPLICATIONS		U.S. FILING DATE	Patented	Pending
1.				X
2.	0 /			
3.	0 /			
4.	0 /			
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NOS. <i>(if any)</i>		
5.PCT/US2003/033711	10/23/2003			
6.				
7.				
8.				

**35 U.S.C. 119 PRIORITY CLAIM, IF ANY, FOR ABOVE LISTED
U.S./PCT APPLICATIONS**

ABOVE APPLICATION NO.	DETAILS OF FOREIGN APPLICATION FROM WHICH PRIORITY CLAIMED UNDER 35 U.S.C. 119		
	<u>Country</u> Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)
1.			
2.			
3.			
4.			
5.			
6.			